



DCPS Office of Out-of-School Time – 1200 First Street NE, Washington, DC 20002 – 202.442.5002

Summer School Site: _____

STUDENT INFORMATION

Name: _____ Gender: ☐ M ☐ F

Address: _____

Preferred Language: _____ Student ID: _____

Phone: _____ Email: _____ Best way to contact: Phone / E-mail

2009/2010 Grade: _____ 2009/2010 School: _____ Date of Birth: _____

CONTACT INFORMATION

Parent or Guardian Name: _____ Relationship: _____

Address: _____ Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____ Email: _____

RELEASE INFORMATION – I agree to the following terms:

I hereby give permission for my child to participate in summer school activities sponsored by DCPS.

I understand that all students are expected to have perfect daily attendance and punctuality. Three (3) unexcused absences will cause a student to be dismissed from the Summer School Program. Three (3) unexcused tardy arrivals will be counted as one (1) unexcused absence.

I understand that I must take a career pathway class in order to be compensated under the Summer Youth Employment Program.

Parents/Guardian Signature: _____ Date: _____

For School Use Only

Eligibility

____ Verified SYEP Registration
____ Receiving Sped Ed
____ English Language Learner ____ Residency Verified

Counselor: _____ Date: _____

Courses Requested

Course 1: _____
Course 2: _____
Course 3: _____